

Name
In
Full

Emory B. Breakhead

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury ^{Town} Wheeler ^{County} **MARYLAND**
 Date of death 190 8 ^{Month} Dec ^{Day} 6 ^{Years} 1 ^{Months} 2 ^{Days}
 Sex male Color or Race Black Birth-place MD
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name Emory Breakhead Father's Birthplace MD
 Mother's Maiden Name Eliza Rider Mother's Birthplace MD
 Name of person giving Information Emory Breakhead How related to deceased Father

CAUSES OF DEATH

(150)

PHYSICIAN
OR CORONER

Primary congenital Hydrocephalus How long several months
 Immediate Insanition How long several weeks
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician F. M. Olemus
 Address Salisbury MD.
 Accident or Suicide _____



Name
in
Full

Emily Barris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

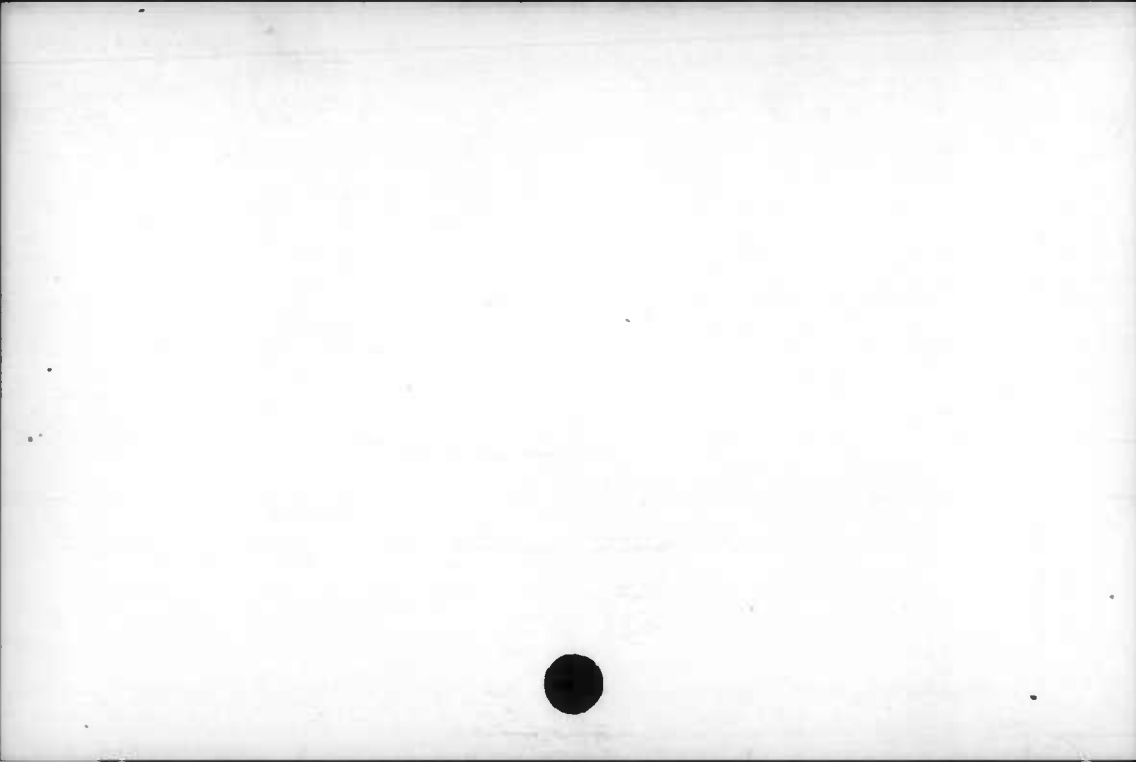
Died at <i>Near F. Suitland</i>		Town <i>Wicomico</i>		County		MARYLAND	
Date of death	1908	Month	Dec.	Day	14 th	Age	5'5"
Sex	Female		Color or Race	Black		Birth place	Wicomico Co. Md.
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	James Barris			
Father's Name	Joseph Hankford			Father's Birthplace	Wicomico Co. Md.		
Mother's Maiden Name	Not Known			Mother's Birthplace	Not Known		
Name of person giving Information	Eben Stanford			How related to deceased	Son		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>Cardiac insufficiency</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>So far as I know</i>	Signature of Physician	<i>[Signature]</i>
Accident or Suicidal	<i>No</i>	Address	<i>Salisbury Md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Chilom

Town

County

Wicomico

MARYLAND

Date

of death 1908

Month

Dec

Day

26th

Age

Years

0

Months

0

Days

0

Sex

Female

Color or
Race

White

Birth-
place

Siloam Wic, Co Md.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

W. W. Chatham

Father's
Birthplace

Siloam Md.

Mother's
Maiden Name

Emma Harris

Mother's
Birthplace

Allen Md.

Name of person giving
In formation

W. W. Chatham

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

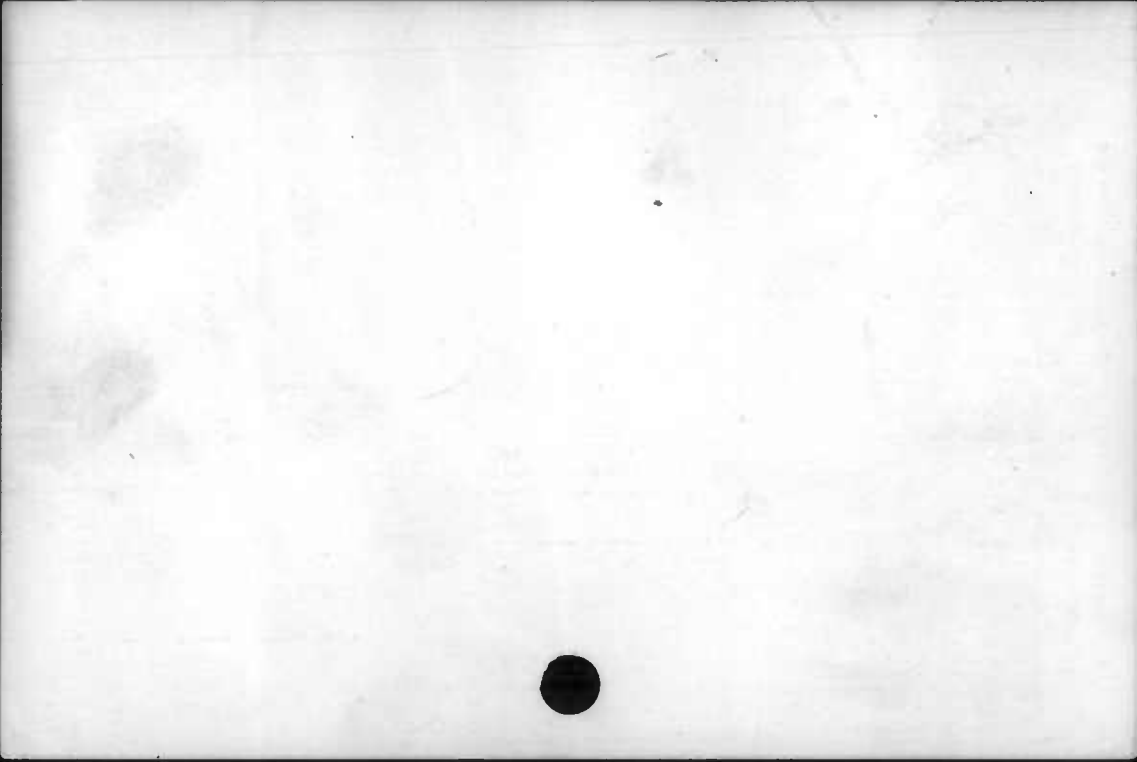
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Obdiah N Sarby

Died at *Hebron* Town *Wiscum* County

State **MARYLAND**

Date of death 190*8* Month *Dec* Day *3* Age *74* Years Months Days

Sex *Male* Color or Race *White* Birthplace *Barnes Creek*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Sarah P. Sarby*

Father's Name *William Sarby* Father's Birthplace *Barnes Creek*

Mother's Maiden Name *Annie Wilds* Mother's Birthplace " "

Names of person giving Information *James N. Sarby* How related to deceased *Son*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

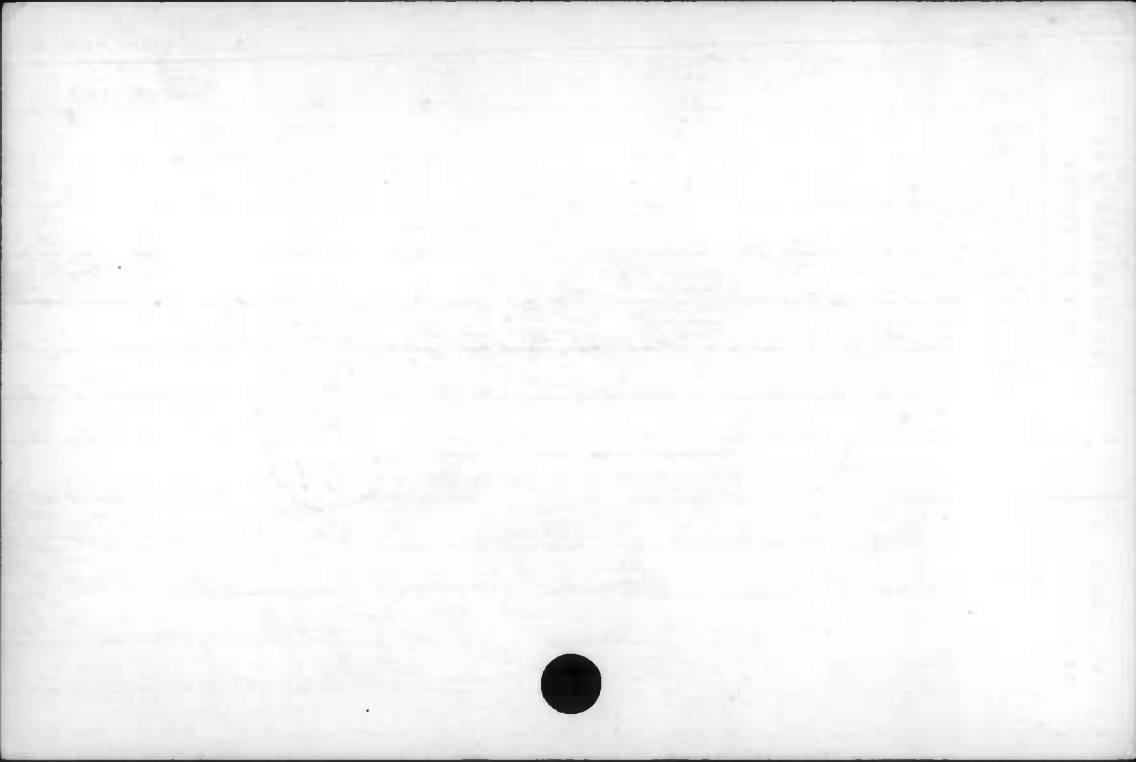
Primary *Tuberculosis* How long *Five years*

Immediate *General Debility* How long *1 month*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *H. C. Comanay* Address *Hebron Md*

Accident or Suicide



Name
in
Full

Harriet Dixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Salisbury ^{County} Wicomico ^{MARYLAND}Date of death 1908 ^{Month} Dec ^{Day} 19 ^{Years} Age 80 ^{Months} ^{Days}Sex Female ^{Color or Race} Black ^{Birth-place} MdOccupation Housework ^{Where Residing if not at place of death}~~Married, Single or Widowed~~ ^{Name of ~~Wife or~~ Husband} Charles DixonFather's Name Do not know ^{Father's Birthplace} UnknownMother's Maiden Name ^{Mother's Birthplace} UnknownName of person giving Information Bettie Johnson ^{How related to deceased} Grand Daughter

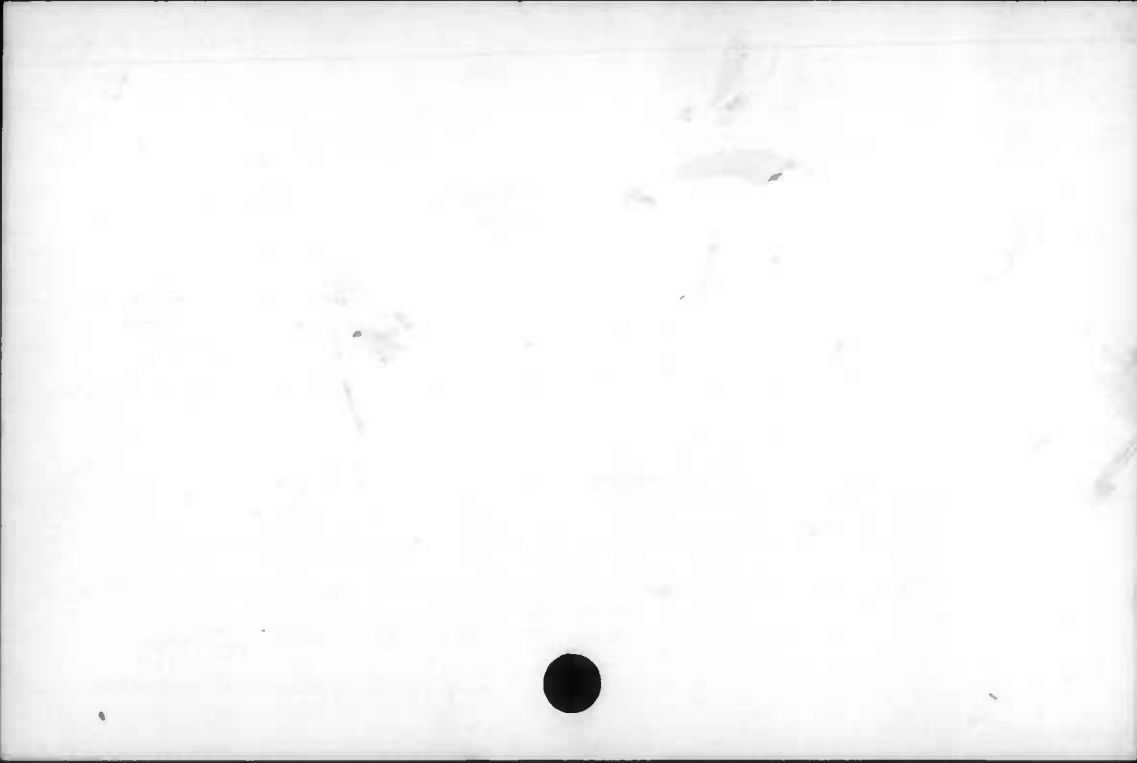
CAUSES OF DEATH

154

Primary Infirmitie of age ^{How long} Several monthsImmediate Sudden Don't know ^{How long} almost immediatelyAre the name, age, sex, color, date and place correctly given above? Don't know ^{Signature of Physician} F. M. Stevens M.D.^{Address} Salisbury Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

James C. Dunn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

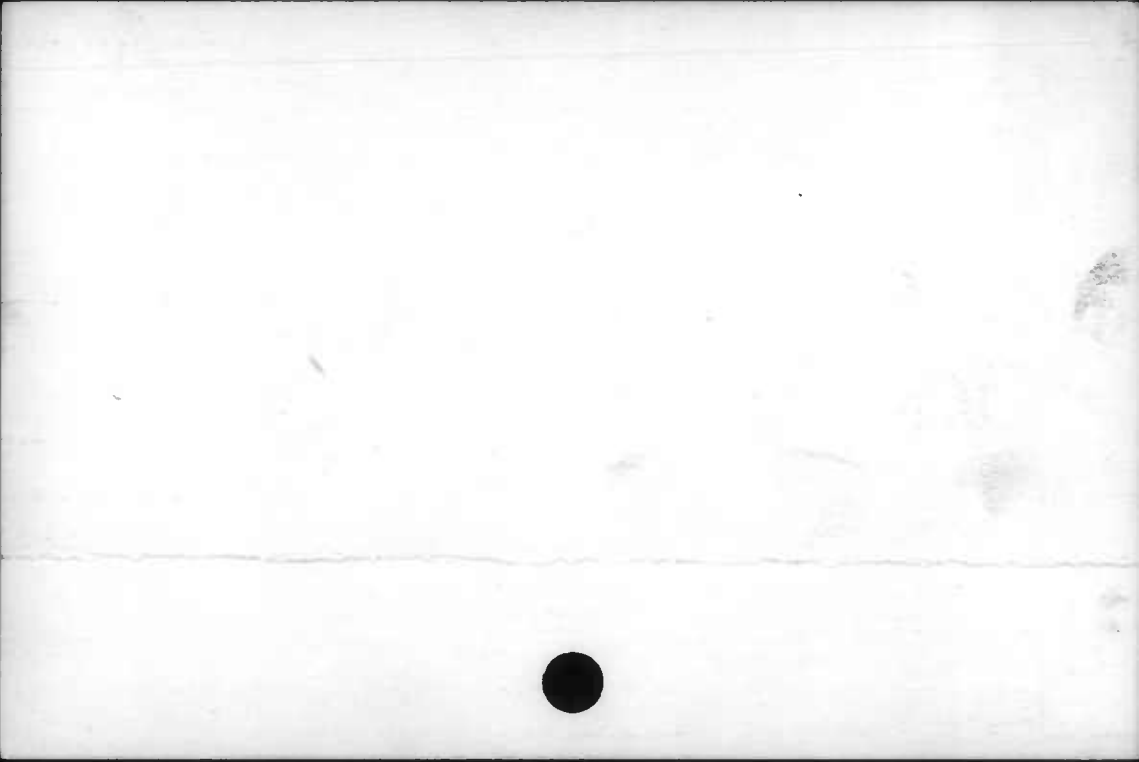
Died at <u>Birch</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death 190 <u>8</u> Month <u>Dec</u> Day <u>30</u> Age <u>4</u> Years Months Days <u>26</u>	Sex <u>Male</u>		Color or Race <u>White</u>	Birth-place <u>Birch Md.</u>	
Occupation <u>—</u>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>William R. Dunn</u>		Father's Birthplace <u>Birch</u>			
Mother's Maiden Name <u>Sarah Washburn</u>		Mother's Birthplace <u>Dorchester Co.</u>			
Name of person giving Information <u>William R. Dunn</u>		How related to deceased <u>Parent</u>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>15 days.</u>
Immediate <u>Cerebral abscess</u>	How long <u>4 days.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>R. V. Raynor</u>
<u>Yes.</u>	Address <u>White Horse Md.</u>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

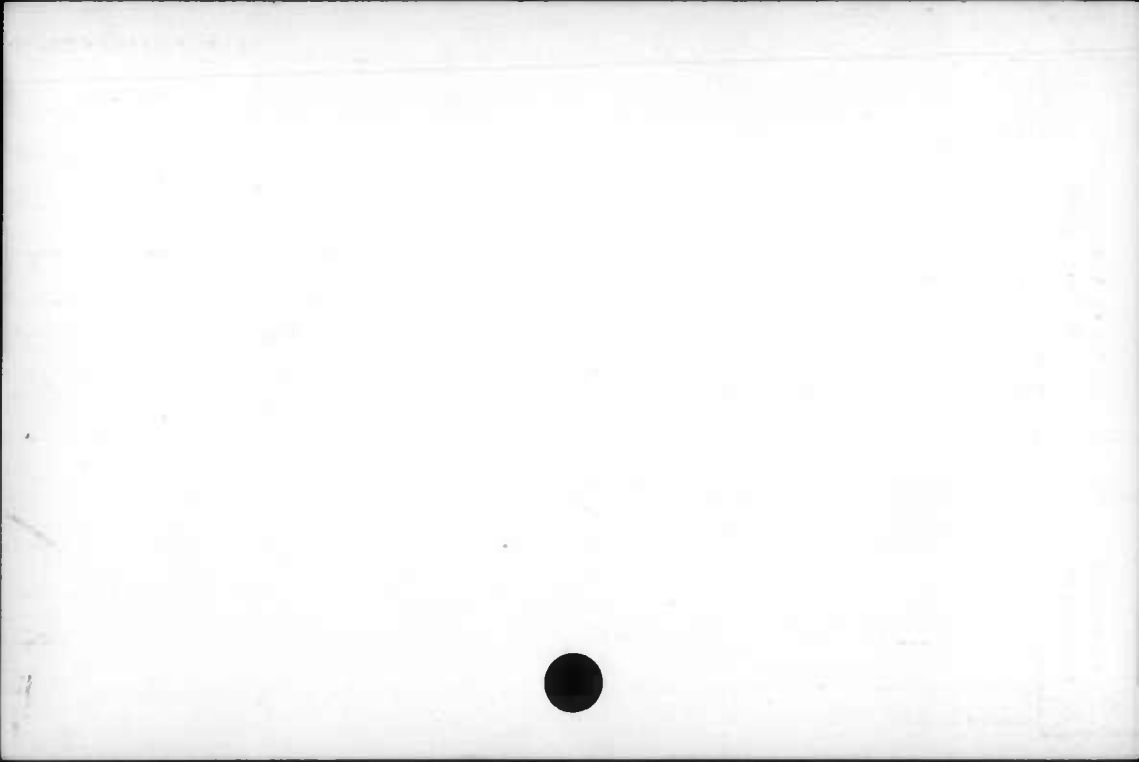
Died at <i>near</i> <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec.</i>	Day <i>18</i>	Age <i>79</i>	Months <i>11</i>	Days <i>19</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Nattas Dist. Wicomico Co. Md.</i>			
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>James Dykes</i>				
Father's Name <i>Geo. Parks</i>	Father's Birthplace <i>Somerset Co. Md.</i>				
Mother's Maiden Name <i>Charlotte Pryor</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving Information <i>Alonzo Dykes</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

113

PHYSICIAN
OR CORONER

Primary <i>Hepatic Colic</i>	How long <i>1 day</i>
Immediate <i>Pleuro-Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. H. Dodd</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Ira A. Ellis		Town Salisbury		County Wicomico		MARYLAND	
Died at		Month Dec.		Day 24 th		Age 0	
Date of death 1908		Months 0		Years 0		Days 0	
Sex Female		Color or Race White		Birth-place Salisbury Md.			
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name Ira A. Ellis		Father's Birthplace " "					
Mother's Maiden Name Carrie M. Conway		Mother's Birthplace " "					
Name of person giving Information Ira A. Ellis		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dead Born	How long	How long
Immediate			
Are the name, age, sex, color, data and place correctly given above?	yes	Signature of Physician Geo. H. Ford	Address Salisbury Md.
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sarah Annida Elmer

Town *Shaptown* County *Thurman* MARYLAND

Died at *Shaptown*

Date of death 1908 Month *Feb* Day *12* Age *3 yrs* Years Months *10* Days *10*

Sex *Female* Color or Race *White* Birth-place *Shaptown*

Occupation _____ Where Residing if not at place of death _____

Married, Single _____ or Widowed _____ Name of Wife or Husband _____

Father's Name *Major A Elmer* Father's Birthplace *Shaptown*

Mother's Maiden Name *Lizzie A. Elmer* Mother's Birthplace *" "*

Name of person giving Information *Lizzie A. Elmer* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Auto-Intoxication* How long *55*

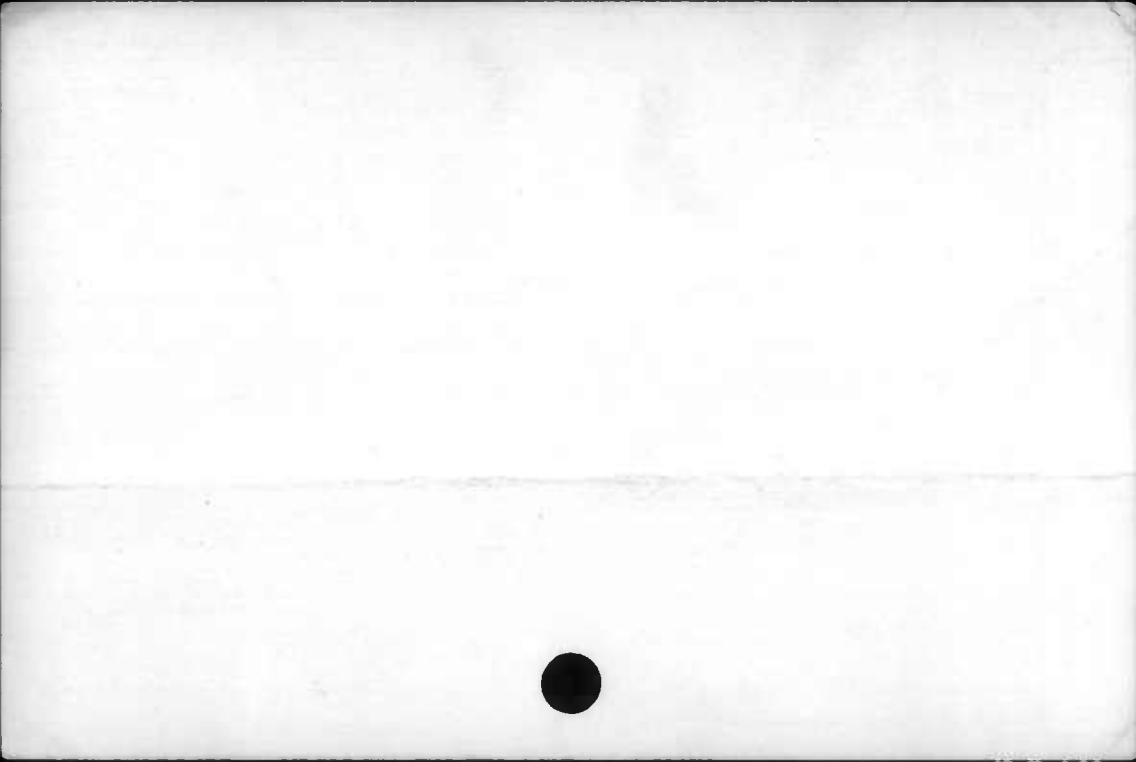
Immediate *Meningitis* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm W. Gashaway*

Address *Shaptown Md*

Accident or Suicide _____



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mandela Springs, Wisconsin</i>		County <i>WISCONSIN</i>		STATE <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>16</i>	Age <i>69</i>	Months <i>1</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>New Mandela.</i>		
Occupation <i>House work</i>			Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Levin Graham.</i>				
Father's Name <i>Hudson Elliott</i>	Father's Birthplace <i>Not known</i>				
Mother's Maiden Name <i>Eleanor Phillips</i>	Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>Levin Graham.</i>			How related to deceased <i>Son.</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Chronic Endocarditis</i>	How long <i>Don't know</i>
Immediate <i>Cardiac Paralysis</i>	How long <i>??</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Elderdice</i>
	Address <i>Mandela Springs, Wis.</i>
Accident or Suicide <i>Accident</i>	



Name
in
Full

Lora F. Hambury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

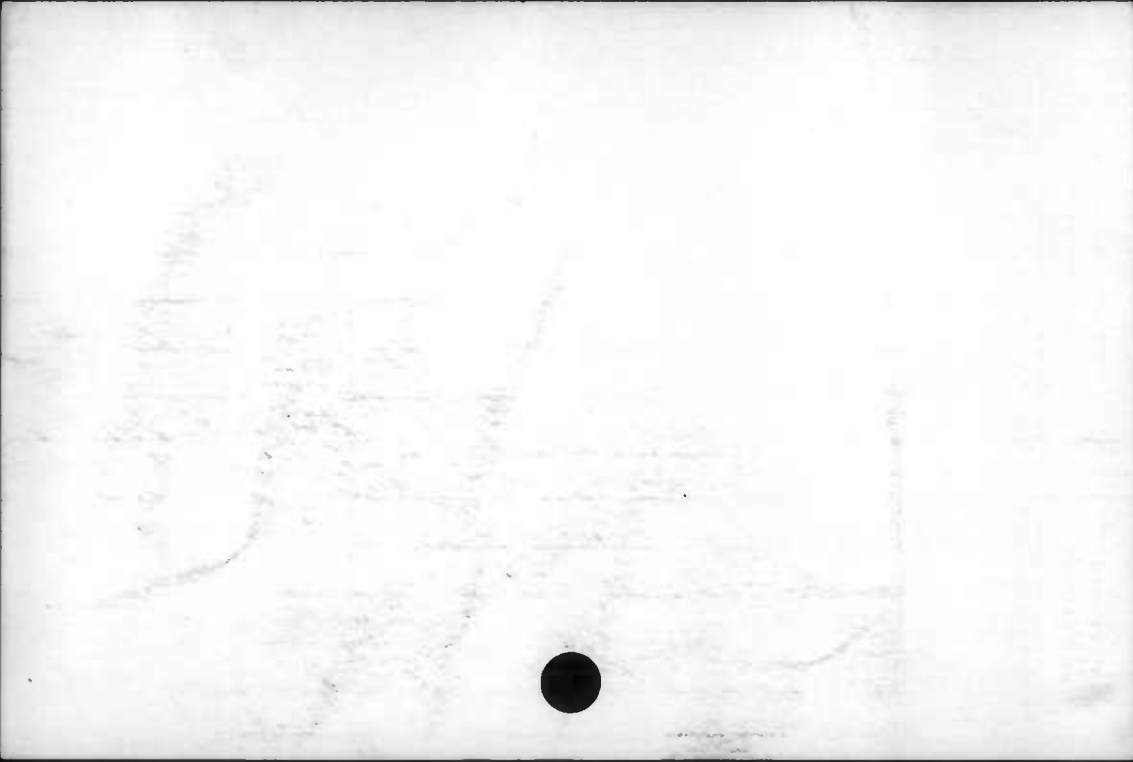
Died at		Town		County		MARYLAND	
Salisbury		Salisbury		Priconico			
Date of death	Month	Day	Age	Years	Months	Days	
1908	Dec.	9 th	29		11	14	
Sex	Color or Race	Birthplace					
Female	White	Salisbury					
Occupation	Where Residing if not at place of death						
None	Salisbury Md.						
Married, Single or Widowed	Name of Wife or Husband						
Widow	Granville R. Hambury						
Father's Name	Father's Birthplace						
Merrill H. Hooks	Salisbury Md.						
Mother's Maiden Name	Mother's Birthplace						
Emma E. Parker	Near Salisbury						
Name of person giving Information	How related to deceased						
Mrs. Emma E. Hooks	Mother						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis Pulm. & Intestinal		How long	5 years or more
Immediate	Acute Exacerbation & Heart failure		How long	Several months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		Louis W. Neomis, M.D.		
		Address		
		Salisbury Md.		
Accident or Suicide				



Name
in
Full

Edward Thomas Hayward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Nicomis</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	Month <u>Dec.</u>	Day <u>18</u>	Age <u>16</u>	Months	Days <u>16</u>
Sex <u>Male</u>	Color or Race <u>B</u>		Birth-place <u>Pomeroy Co. Ind</u>		
Occupation <u>School boy</u>		Where Residing if not at place of death <u>Near W. Stone Ind</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>✓</u>				
Father's Name <u>Mr. C. Hayward</u>	Father's Birthplace <u>Pomeroy Co. Ind</u>				
Mother's Maiden Name <u>Nancy Barnes</u>	Mother's Birthplace <u>Pomeroy Co. Ind</u>				
Name of person giving Information <u>Wm. C. Hayward</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pistol shot wound thru stomach & liver</u>	How long <u>Immediate</u>
Immediate <u>Hemorrhage from liver wound</u>	How long <u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>So far as I know</u>	Signature of Physician <u>J. M. Smith</u>
	Address <u>Salisbury Ind</u>
Accident or Suicide <u>Accident</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>George Jacobs</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>Dec</i>		Day <i>6</i>		Years <i>22</i>	
Date of death <i>1908</i>		Month <i>Dec</i>		Day <i>6</i>		Months <i>22</i>	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Don't know</i>			
Occupation <i>Don't know</i>		Where Residing if not at place of death <i>Don't know</i>					
Married, Single or Widowed <i>Don't know</i>		Name of Wife or Husband <i>Don't know</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving Information <i>J. M. Smith</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

Primary	<i>Tertiary syphilis. Gun shot wound leg with gaspore</i>		How long	<i>3 days</i>
Immediate	<i>Septicemia</i>		How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Smith</i>		
Address <i>Salisbury</i>		Address <i>Salisbury</i>		
Accident or Suicide <i>Don't know</i>		Accident or Suicide <i>Don't know</i>		

PHYSICIAN
OR CORONER

Man was brought W.P.G.
Hospital from Va, with tertiary
syphilis. gum abscess around of
leg with gangrene, and large
deep abscess on opposite side.
Leg was amputated, abscess
opened and drained. Facts are
not obtainable. I do not know
how he was shot. ~~Dr. [unclear]~~

Name
in
Full

CERTIFICATE OF DEATH

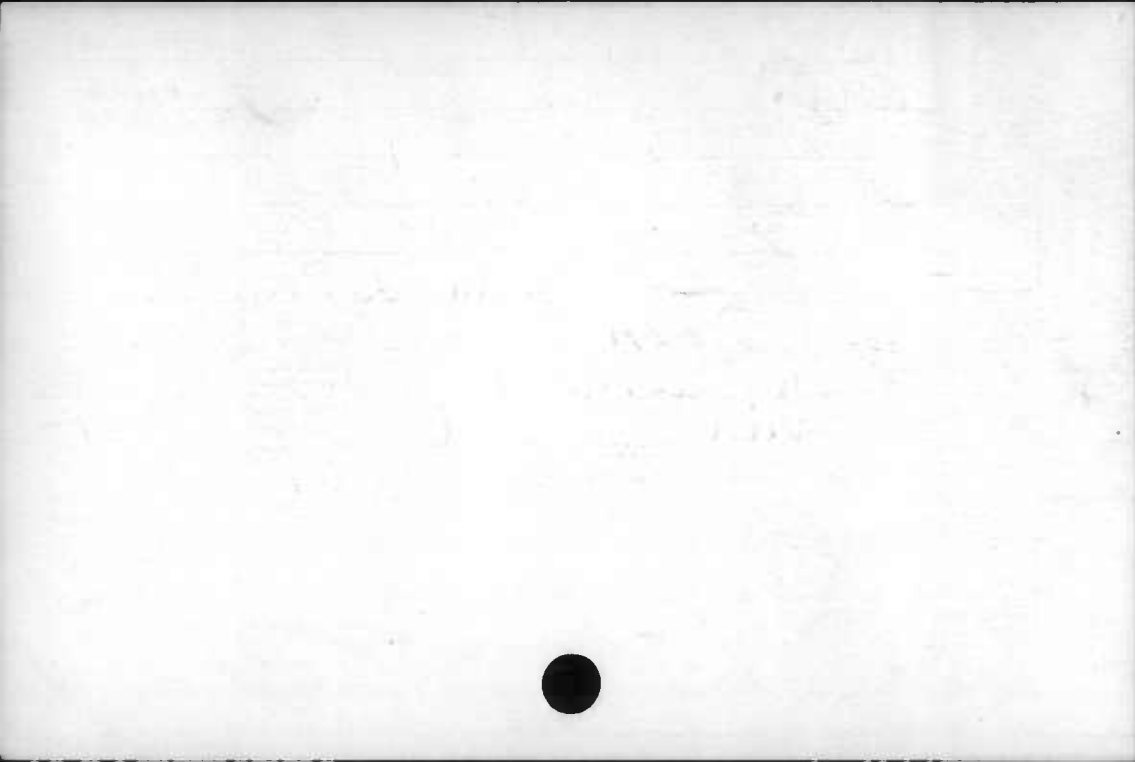
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rufus Leonard</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>Dec</i>		Day <i>13</i>		Years <i>64</i>	
Date of death <i>1908</i>		Month <i>Dec</i>		Day <i>13</i>		Years <i>64</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Marion Leonard</i>					
Father's Name <i>Frost Brooks</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Leah Leonard</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Marion Leonard</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

Primary <i>Arteriosclerosis</i>	How long <i>64</i>
Immediate <i>Cerebral Apoplexy</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. B. [illegible]</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Salisbury* Town *Mission* County **MARYLAND**

Date of death 190 *8* Month *Dec* Day *22* Age *33* Years Months Days

Sex *male* Color or Race *White* Birth-place *Me*

Occupation *Farmer* Where Residing if not at place of death *Legal Grant*

Married, ~~Single~~ *Widowed* Name of Wife or ~~Husband~~ *Sadie M Pruitt*

Father's Name *Marcellus Pruitt* Father's Birthplace *Me*

Mother's Maiden Name *Millie B. Bleds* Mother's Birthplace *Me*

Name of person giving Information *Carl P Pruitt* How related to deceased *Brother*

CAUSES OF DEATH

118

Primary *Acute perforative appendicitis* How long *1 week*

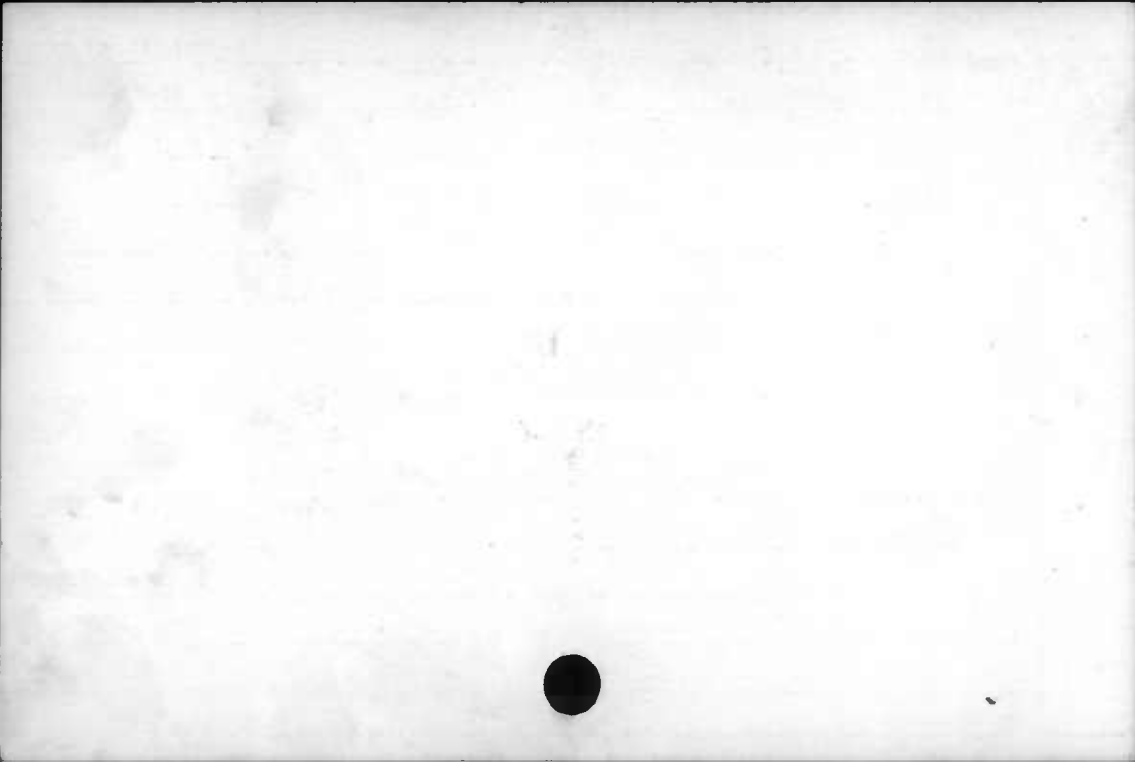
Immediate *Peritonitis & pneumonia* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. P. Pruitt*

as known Address *Salisbury Md*

Accident or Suicide *No*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

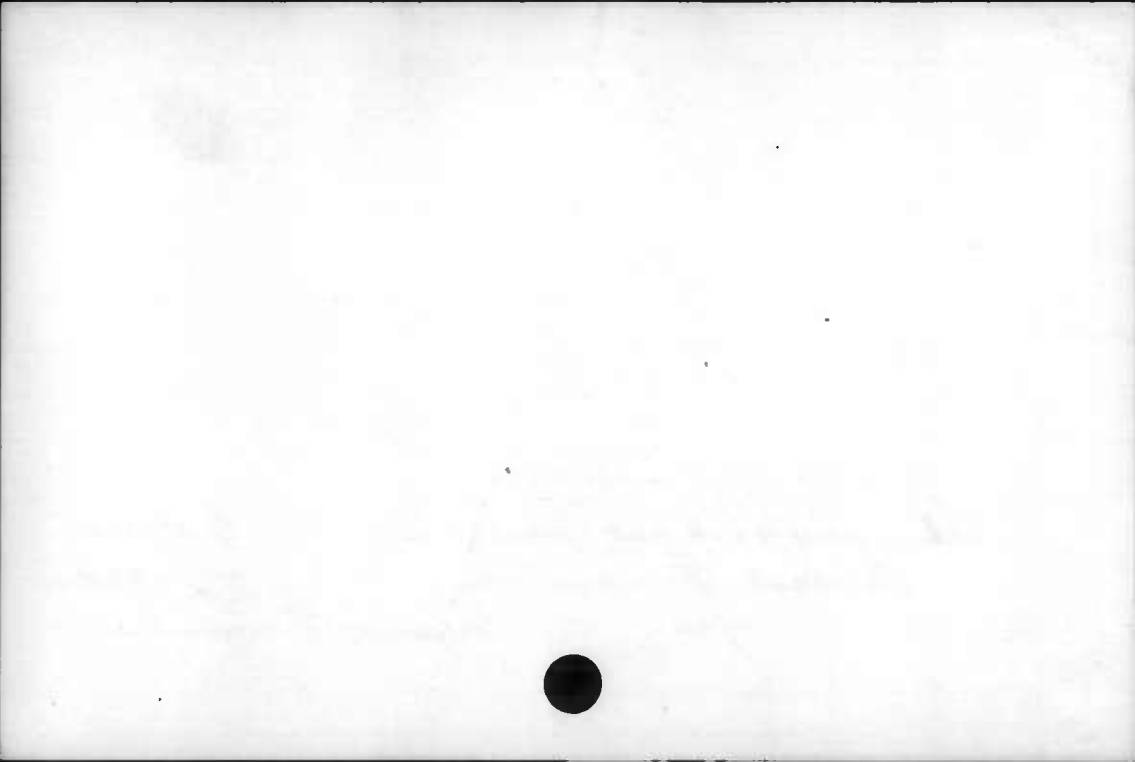
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Dec.	11 th	Age 86	5	26	
Sex	Male	Color or Race	Colored	Birth-place	Fruitland Md.		
Occupation	Laborer			Where Residing if not at place of death	In Salisbury Md.		
Married, Single or Widowed	Widower		Name of Wife or Husband	Not Known			
Father's Name	Frost Pullett			Father's Birthplace	Wicomico Co. Md.		
Mother's Maiden Name	Not Known			Mother's Birthplace	Not known		
Name of person giving Information	A. G. Morris			How related to deceased	None		

CAUSES OF DEATH

125

PHYSICIAN
OR CORONER

Primary	Enlarged prostate & legs.		How long	Several Wks.
Immediate	Incontinence and sloughing of prostate, several days		How long	
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	F. H. Stearns M.D.
			Address	Salisbury Md.
Accident or Suicide				



Name
in
Full

Sarah Ellen Matter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burke</i>		Town		<i>Wicomico</i>		County		MARYLAND	
Date of death 1908		Month <i>Dec</i>		Day <i>8</i>		Age <i>82</i>		Years <i>10</i> Months <i>—</i> Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>					
Occupation <i>Housekeeper</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>George J. Matter</i>		<i>Sur</i>					
Father's Name <i>Levin Matter</i>		Father's Birthplace <i>Maryland</i>							
Mother's Maiden Name <i>Rosa Nelson</i>		Mother's Birthplace <i>Ida</i>							
Name of person giving Information <i>Levin J. Matter</i>		How related to deceased <i>Sur</i>							

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Old injury to hip and Paralysis</i>	How long	<i>5 years</i>
Immediate	<i>General Exhaustion</i>	How long	<i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes!</i>		Signature of Physician <i>Edward E. Lamkin</i>	
Accident or Suicide <i>(over)</i>		Address DR. EDWARD E. LAMKIN, NANTICOKE, MD.	

Un-united fracture, neck of femur, caused by fall
ten years ago.

Name
in
Full

Charles Gage Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Dec.	11 th	Age	47	3 17	
Sex		Color or Race		Birth-place			
Male		White		Mobile Alabama			
Occupation				Where Residing if not at place of death			
Gentleman							
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name				Father's Birthplace			
James Thomas Waters				Washington D.C.			
Mother's Maiden Name				Mother's Birthplace			
Jane M. Lowry				" "			
Name of person giving Information				How related to deceased			
J. W. L. Waters				Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	2 hours
Immediate	Cornea	How long	2 hours

Are the name, age, sex, color, data and place correctly given above?

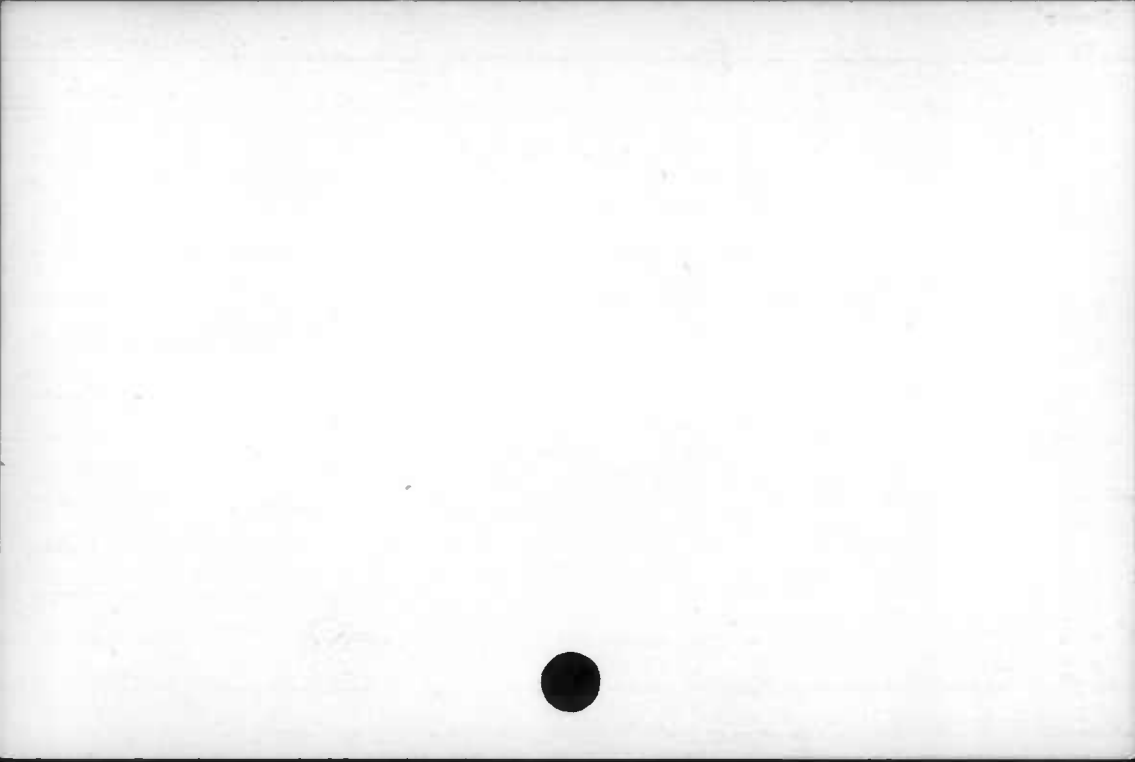
Yes

Signature of Physician

Address

Louis W. Deonis M.D.
Salisbury Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

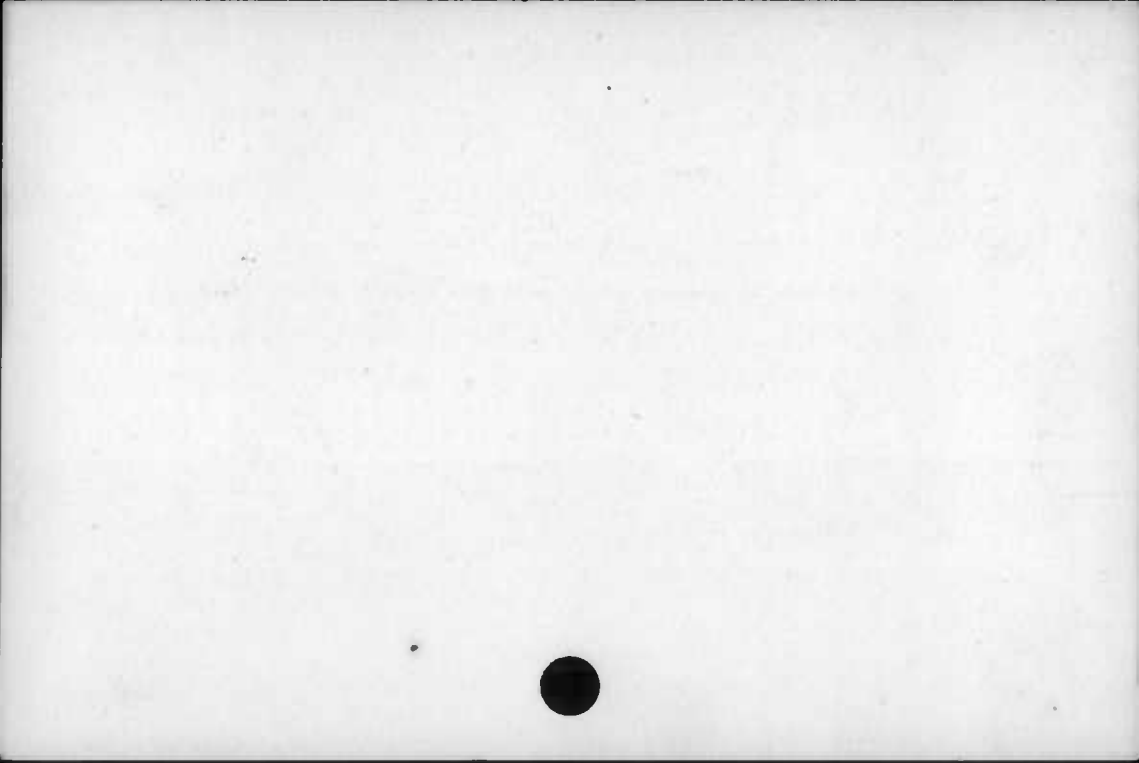
Died at <i>Queen Anne's</i> Town		<i>Princess</i> County		MARYLAND	
Date of death	190 <i>8</i>	Month	<i>12</i>	Day	<i>11</i>
Age		Years	<i>64</i>	Months	<i>6</i>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birthplace	<i>Queen Anne's</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>Margaret C. Way</i>		
Father's Name	<i>Littlejohn</i>		Father's Birthplace <i>Michigan</i>		
Mother's Maiden Name	<i>Susan Bezworth</i>		Mother's Birthplace <i>Michigan</i>		
Name of person giving information	<i>Jasper Ray</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Chronic Gastritis & Ulcer</i>	How long	<i>6 yrs.</i>
Immediate	<i>Cry. of lungs with heart</i>	How long	<i>2 mks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. H. Lynch</i>
		Address	<i>Queen Anne's Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

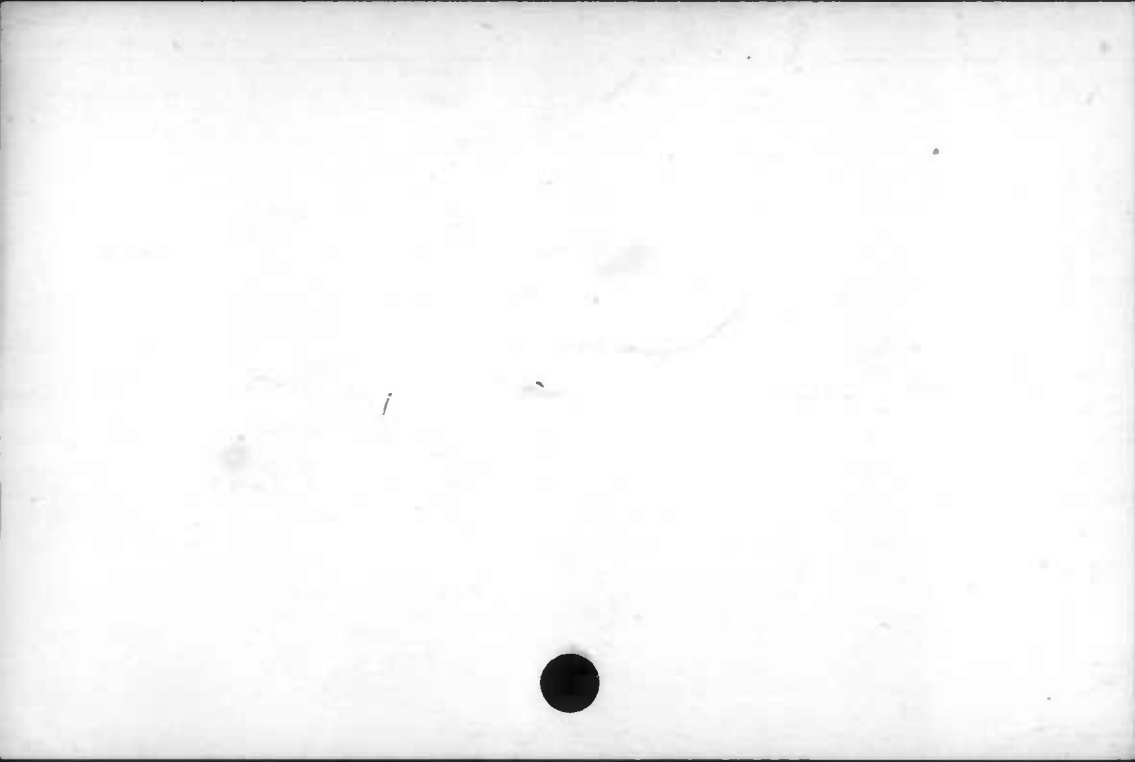
Name in Full <i>Mrs. Mary F. Wingate</i>		Town <i>Pear Delmar</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Pear Delmar</i>		Month <i>Dec.</i>		Day <i>10th</i>		Age <i>40</i>	
Date of death <i>1908</i>		Month <i>Dec.</i>		Day <i>10th</i>		Age <i>40</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Alexander Wingate</i>					
Father's Name <i>James Ingersoll</i>		Father's Birthplace <i>Wicomico Co. Md.</i>					
Mother's Maiden Name <i>Angeline Smallin</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving Information <i>Alexander Wingate</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>One year</i>
Immediate <i>Tuberculosis</i>	How long <i>One year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert Elligood M.D.</i>
	Address <i>Delmar, Del.</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Hamtland</i> ^{Town}		<i>Wright</i> ^{County}	
Date of death <i>1908 Dec</i>	Month <i>21</i>	Day <i>21</i>	Years <i>5</i>
Sex <i>boy</i>	Color or Race <i>black</i>	Birth-place <i>Hamtland</i>	Months <i>5</i>
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife Husband		
Father's Name <i>Preston Wright</i>	Father's Birthplace <i>Hamtland</i>		
Mother's Maiden Name <i>Louisa Wilson</i>	Mother's Birthplace <i>James County</i>		
Name of person giving information <i>Mary Wright</i>	How related to deceased <i>Grandmother</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Don't Know. No Doctor</i>	How long
Immediate <i>don't Know</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. M. Brown</i>
<i>it is Don't Know</i>	Address <i>W. A. Is a dr JP</i>
Accident or Suicide?	

